

OBITUARY

COL. JAMES MAY ELLIOTT, R.A.M.C.

Colonel J. M. Elliott, who was for many years consultant venereologist to the Essex County Council, died in London on January 6, 1954, at the age of 67. James May Elliott was born on March 16, 1886, and came of a medical family. His father, Dr. James May Elliott, of Rathfriland, Co. Down, had four sons, three of whom became doctors and the other a dentist. James, the third son, graduated M.B., Ch. B. at Trinity College, Dublin, in 1910 and among other distinctions gained the Gold Medal for Anatomy. After qualifying, he entered an uncle's practice in Northern Ireland as assistant, but at the end of 2 years, having little liking for general practice, joined the R.A.M.C. This he made his career, serving in India, Egypt, and the United Kingdom. In 1937 he retired from the army to take up an appointment as full-time venereologist with the Essex County Council. Venereology had for many years been his chief interest and he was one of the distinguished group who trace their specialist training to Rochester Row.

Colonel Elliott immediately set about organizing V.D. clinics in the various Essex county towns—and a formidable task it was as many of the senior doctors, especially in Chelmsford, flatly rejected the remotest possibility of there being any venereal disease in the district. To do efficient work in a dark, screened-off section of an x-ray room was almost an impossibility, but persistence proved the necessity for clinics. Such was Colonel Elliott's energy and enthusiasm that in Colchester and Romford new clinics were built conforming to the latest approved design. These "temporary" structures still stand and flourish 25 years later. They may be cold and draughty but their lay-out is a lasting credit to their planner.

Not less in importance was the establishment of a central office at County Hall, Chelmsford. From

here Colonel Elliott integrated the V.D. services for the whole area—a county in which movement of contacts and patients has always been limited practically to the county boundaries. Health visitors were at his elbow and the control exercised was an early model of what we aim at today.

At the outbreak of the last war he was recalled to the army and was appointed adviser in dermatology to the British Expeditionary Force in France in 1939–40. After Dunkirk he continued to serve in England until being posted to the Gold Coast, where he became ill and was invalided home. In the light of subsequent happenings, it is obvious that his illness was lethargic encephalitis, and, although he made what was apparently a perfect recovery, was much more serious than anyone imagined. When he ceased to belong to the Regular Army Reserve of Officers in October, 1945, on reaching the age limit, he was granted the rank of colonel. After the war he returned to his position with the Essex County Council, holding the appointment until 1952, when he retired. In the following two years his health declined very rapidly, and it became apparent that he had never fully recovered from the severe illness contracted on the Gold Coast. His charm of manner and infinite courtesy and kindness to patients and colleagues gave him a large circle of friends, to whom his recent loss of health, so soon after his retirement, was a great grief.

Colonel Elliott married Mary Tullock, daughter of James Tullock, Esq., of Sutton, in 1919 and had one son, an officer in the regular army stationed at Trieste, and a daughter, who is almoner at the Gordon Hospital, London. To his widow, son, and daughter his many professional friends in general and his venereologist colleagues and fellow members of M.S.S.V.D. in particular extend their sincere sympathy.

R. H. B.

CHARLES HAMILTON WILKIE, M.D.

Although it was known that he had suffered ill health for some time, the death of Charles Hamilton Wilkie in December, 1953, at the age of 52, came as a great shock to his colleagues in venereology.

After qualifying M.B., Ch.B., at Glasgow in 1928, he proceeded to B.Sc. in 1931 and M.D. in 1941. As a background to his clinical appointments,

he was particularly enthusiastic about laboratory work, a combination he considered most important in venereology. From 1932 he was Director of Venereal Diseases at Leicester, where his efficiency and enthusiasm are perpetuated in one of the best designed departments in the country.

Hamilton Wilkie was not a prolific writer, though several articles based on his wide experience stand

to his name. His method of teaching others was by photographic demonstrations of his clinical cases. It might well be said his hobby was medical photography. Always an enthusiast on the medico-social problems of venereal diseases, he helped to pioneer one aspect of propaganda by appearing in a film of the "Quiz" type which was widely shown, especially to the Forces.

He was a member of the Medical Society for the Study of Venereal Diseases for 20 years, often contributed to its discussions, and became president in 1948, one of the youngest presidents appointed at that time. Many will recall the

interesting Annual General Meeting held at Leicester Royal Infirmary during his year of office, and the delightful hospitality of his wife and himself on that occasion. He was a member of the Executive Committee of the Venereologists Group of the British Medical Association from its inception. He devoted a great deal of effort to the good of his specialty and to improving the status of venereologists. The esteem in which he was held by his colleagues on the staff of Leicester Royal Infirmary equalled that of his fellow specialists.

Our sympathy is extended to Mrs. Wilkie and his two children.
D. J. C.

BOOK REVIEWS

Clinique et Pathologie de la Neurosyphilis. By J. Alves Garcia. 1953. Pp. 160, 36 figs. Masson, Paris. (Fr. 1,000; 21s.).

The text of this little monograph summarizes the results of work carried out in the hospital at Rio de Janeiro. It covers the whole subject of neurosyphilis but concentrates, as one would expect, on tabes dorsalis and general paralysis of the insane. The treatment advocated for these conditions is similar to that generally employed in Great Britain—penicillin in a dosage varying from 10 to 20 mega-units, sometimes alone and sometimes in association with malarial therapy induced by *Plasmodium vivax*. Various pyrogenic substances are used where malaria is contraindicated. The writer does not regard with favour the use of electrically-induced fever and does not bear out the good results claimed for this method by workers in North America.

The results of treating general paralysis with penicillin alone are stated by Professor Garcia to be disappointing. He uses arsenic and bismuth therapy more or less routinely, but stresses that pentavalent arsenicals must not be employed for treating optic neuritis. He claims good results in treating perforating ulcer with a preparation containing the endo- and exo-toxins of *Mycobacterium leprae*, a subject on which there is a degree of difference of opinion between us and our colleagues in South America. The general opinion in Great Britain is that *Mycobacterium leprae* cannot be grown with any degree of certainty; but it is possible, though not stated by Professor Garcia, that he and his associates in Rio now obtain their endo- and exo-toxins in the same way as those used for the leptomin test.

The monograph is well produced and the text clearly set out with full references, but there is no index. Its

conclusions are interesting but it contains little that is not already familiar to venereologists in Great Britain.
W. N. M.

Dermatology in General Practice. By Jacob Hyams Swartz. 1953. Pp. xxi + 581, 253 illus. Baillière, Tindall and Cox, London. (84s.)

This is an interesting book with an original approach to the study of diseases of the skin. Beginning with simple facts and a study of the care of the skin in health and disease, it proceeds to a description of skin diseases grouped alphabetically in each area of the body. Such an analysis could lead to a confused picture of a particular disease, but this is overcome by adequate cross references.

The descriptions are simple and clear and are illustrated by a wealth of pictures, most of which are extremely good: some, however, such as Fig. 239 of *Treponema pallidum*, are not entirely convincing. The many Tables of differential diagnosis are particularly clear and useful. The relationship between skin diseases and constitutional factors is stressed, but occasionally, as in seborrhoea, it is minimal.

Lines of orthodox treatment are clearly indicated, but in some obscure cases guidance is lacking, and in a few common conditions, for example penicillin reactions, no advice is given. Elsewhere controversial views are expressed, such as the implication that sulphur is still the routine treatment for scabies, and the co-author's conviction that penicillin is a panacea for syphilis, even without pilot doses for late cases!

The book is a valuable guide to those whose dermatological experience is limited. For the busy practitioner it is a Dermatological Ready Reckoner and will be of immense help in converting a sign into a diagnosis.

D. E.